24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed of	on 09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	09 19 2014 Amount
City State Zip Code	133.16
Washington DC 20001	Transaction ID : D539846 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disburg 2014	sement For:
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	09 19 2014 Amount
City State Zip Code	133.16
	Transaction ID : D539850 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	266.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	22 2014